

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p><b>MAIL ROOM</b> JUL 20 1989 PAT. &amp; TRADEMARK OFF.</p> <p>DAVID L. BERSTEIN C/O GENETICS INSTITUTE, INC. 37 CAMBRIDGE PARK DRIVE CAMBRIDGE, MA 02140-2387</p>	INVENTOR'S NAME John J. Toole, Jr.
	Street Address 227 High Street
	City, State and ZIP Code Palo Alto, California 94301
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07-010-085	04/11/86	012	TESKIN, R	1.895 04/18/89
First Named Applicant	TOOLE, JOHN J.			
TITLE OF INVENTION	NOVEL PROCOAGULANT PROTEINS			

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
5031-A-PCI	435-062.000	504	UTILITY	NO	\$620.00	07/18/89

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
David L. Bernstein Genetics Institute, Inc. 87 CambridgePark Drive Cambridge, MA 02140	1 David L. Bernstein 2 Bruce M. Eisen 3 Ellen J. Kapinos

DO NOT USE THIS SPACE

S 20428 07/25/89 010085	07-1060 020 142	620.00CH
S 20429 07/25/89 010085	07-1060 020 501	30.00CH
5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		
(1) NAME OF ASSIGNEE: Genetics Institute, Inc.		
(2) ADDRESS: (City & State or Country) Cambridge, MA		
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Delaware		
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		
6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10)		242
6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 07-1060 (Enclose Part C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 20 <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)		
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.		
(Signature of party in interest of record) David L. Bernstein David L. Bernstein, Reg. No. 31,235		(Date) 17 July 1989
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.		

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE